

2007-08-10 12:07

RF Surgical Systems Inc 425-283-0669 >> Seed IP Law

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|---|------------------------|----------------------|
| REVOCAION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/810,823 |
| | Filing Date | March 29, 2004 |
| | First Named Inventor | William A. Blair |
| | Art Unit | 3736 |
| | Examiner Name | Christine D. Hopkins |
| | Attorney Docket Number | 790064.402 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: **00500**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number **00500**

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71,
to prosecute the application to the exclusion of the inventor(s).

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Kevin Cosens

Title and
Company
(Assignee)

President and CEO

RF Surgical Systems, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22315-1480.

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